POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		_12_	_10/15_
FORMALITY REVIEW	TL	1141	10/29/01
RESPONSE FORMALITY REVIEW	CK	1697	3-20-02.

INDEX OF CLAIMS

✔	...... Rejected		N	......	Non-elected
=	...... Allowed		I	......	Interference
–	(Through numeral)... Canceled		A	......	Appeal
÷	...... Restricted		O	......	Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1			51			101		
2			52			102		
3			53			103		
4			54			104		
5			55			105		
6			56			106		
7			57			107		
8			58			108		
9			59			109		
10			60			110		
11			61			111		
12			62			112		
13			63			113		
14			64			114		
15			65			115		
16			66			116		
17			67			117		
18			68			118		
19			69			119		
20			70			120		
21			71			121		
22			72			122		
23			73			123		
24			74			124		
25			75			125		
26			76			126		
27			77			127		
28			78			128		
29			79			129		
30			80			130		
31			81			131		
32			82			132		
33			83			133		
34			84			134		
35			85			135		
36			86			136		
37			87			137		
38			88			138		
39			89			139		
40			90			140		
41			91			141		
42			92			142		
43			93			143		
44			94			144		
45			95			145		
46			96			146		
47			97			147		
48			98			148		
49			99			149		
50			100			150		

If more than 150 claims or 10 actions
staple additional sheet here

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